

FILED

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

			LU	
2021	OCT	21	PM-12:	47

Committee Name	FRANKLIN COUNTY	Boan	Office	Sought	hool Board	District
Street Address 5317 Taxa	City D	ublin		State Z	13017	
Candidate Name OR PAI		Name	riker		Election Date (MM/DD	•
Type of Report (cho	•	st-Primary	Pre-Gene	ral 🗌 Po	st-General	79-1
Statewide Candidate July Monthly	s Only: August Monthly September N	Monthly			Yea	2021
Amended Report No Yes	Termination Check this box if the committee wishes to terminate with this repo	☐ Ch	Form Report (eck this box if ort term report.	the committe		
	ht forward from last report contributions (From Forms 31-A and	31-E)	19.9	07.22		*************************************
	ome (From Form 31-A-2)		15	00.00 107.23		
GARLER SALLENGAR ARROLD DUE TO THE	expenditures (From Forms 31-B and 3	31-F)	11, 3	73.12)	
	contributions received (From Form 3		2,4	pt. 11		
9. Outstanding los	ans owed by committee (From Form 3	11-C)	1,50) υ.α)		
11. Outstanding lo	ebts owed by committee (From Form cans owed to committee (From Form 3	31-K)				
THIS STATEMENT WHOEVER COMM	IS MADE UNDER PENALTY OF ELECTION FALSIFICATION IS GL	CTION FALS	SIFICATION. FELONY OF 1	THE FIFTH I	DEGREE.	\neg
Signature of Treasurer or	Deputy Treasurer			Date (MM/D		

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

Last Updated 09/2017



Form 31_A

ORC 3517.10

F					
Full Name of Committee Striker 4 Dubli	n S	shool I	varc		
Full Name of Contributor				Registration Numb	er, if PAC
Annie Kagy					
Street Address		Occupation/Labor On	ganization*		Form (Cash, Check, etc.)
9082 Eversole Run Re	4				venmo
City	State	Zip Code	Date (MM/Di		Amount
'Howell	OH 3	43065	07 Ja	4/2021	48,95
Full Name of Contributor				Registration Numb	er, if PAC
Koger Amigo					
Street Address	Employer	Occupation/Labor On	ganization*		Form (Cash, Check, etc.)
7864 Harriet Rd					venmo
City	State	Zip Code	Date (MM/DI	DMYYM) .	Amount
Dublin	CH 🖸	43017	UTA	10/2001	196,10
Full Name of Contributor				Registration Numb	er, if PAC
Chris Gempel					
Street Address	Employer	Occupation/Labor On	ganization*		Form (Cash, Check, etc.)
8974 Tartan Fields	pr.				venmo
City DUDIO	State	Zip Code	Date (MM/D		Amount 9 8 00
	bH =	42017	07 BC	1505/	7000
Full Name of Contributor				Registration Numb	er, if PAC
Jenny Ruble Street Address Tartan Fietts					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
Tartan Fielts	Y				venmo
City 7	State	Zip Code	Date (MM/D		Amount
Dublin	CH 3	43017	07/20	0/2021	196.10
Full Name of Contributor				Registration Numb	er, if PAC
Laura Hawk					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
Laura Hawk Street Address 8130 Harriot Rd					venmo
Dublin	State OH	Zip Code	Date (MM/D	D/YYY)	Amount 980,90
וווטשט	Of 🖭	43017			,50,70

	Page Total	1,500.05
--	------------	----------



---- A4 A

ORC 3517.10

Full Name of Committee	0.		,		
Striker 4 Dublin	Scho	od Boa	NO		
Full Name of Contributor				Registration Numb	er, if PAC
Alisson Ricca					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
10185 Summer Sweet Way	4				venmo
City	State	Zip Code	Date (MM/DI	DAYYY)	Amount
Plain City	OH 3	43064	07/0	7 /2004	98.00
Full Name of Contributor				Registration Numb	er, if PAC
Jackie wright					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
10315 Cranberry Pr					venmo
City	State	Zip Code	Date (MM/DI		Amount
Plain City	Ot 1	43064	07/2	7/2021	98.00
Full Name of Contributor				Registration Numb	er, if PAC
lisa Hogan					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
8447 Tartan Fields A	1				venmo
City	State	Zip Code	Date (MM/D)	DAYYY)	Amount
Dublin	of s	43017	07/6	77/2021	.98,00
Full Name of Contributor		•		Registration Numb	er, if PAC
Azeem Hagg					
Street Address U	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
10042 Maris Dr					Venmo
City	State	Zip Code	Date (MM/DI	1 '	Amount
Dublin		43017	07/2	7/2021	245,15
Full Name of Contributor				Registration Numb	er, if PAC
Jean Hink Suh					
Street Address	1	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
8870 Birgham Ct. N					renmo
City	State	Zip Code	Date (MM/D	,	Amount
Dublin	OH 🖃	143017	07/2	0/2021	48,75

Page Total	588.10	_
------------	--------	---



Frank LaRose Shis Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

					
Full Name of Committee Strike 4 Dublin S	choc	x Board	!		
Full Name of Contributor				Registration Numb	per, if PAC
Justin Bates			1		
Street Address	Employer	r/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
8940 Dunn Court					venmo
City	State	Zip Code	Date (MM/DI	DVVVV)	Amount
Dublin	OH 🖪	43017	08/0	3/2021	980.90
Full Name of Contributor Shari Huges				Registration Numb	
Street Address	Employer	r/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
8279 Tilling hast Dr					venmo
City	State	Zip Code	Date (MM/DD		Amount (C)
Dublin	OH 🖃	43017		6/2021	48,95
Full Name of Contributor			-	Registration Number	er, if PAC
Rebel Marsh			•		
Street Address 341 Stone Wall Cf	Employer/	/Occupation/Labor On	genization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD	pryyy) ,	Amount // C
Publin	at 🖃	43017	09/	22/2021	48.95
Full Name of Contributor RUDECCO MOCNIA	×			Registration Numbe	er, if PAC
Street Address	Employer/	/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
8422 Tibbermore	#				venmo
1 1 1		Zip Code	Date (MM/DD		Amount / Op / /s
	H Z	43016	09/14	0/2021	490,40
Full Name of Contributor				Registration Number	er, if PAC
Geoffrey Strohr Street Address 6921 Blackhawk Ct	<u> </u>		ŀ		
Street Address	Employer/	Occupation/Labor Org	genization*		Form (Cash, Check, etc.)
					venmo
City To Alaha	State	Zip Code	Date (MM/DD)/////),	Amount
Dublin	OH	43017	08/5	29/202/	100.00

Page Total	1,669.	20



CITCU

ORC 3517.10

Full Name of Committee					
Striker 4 Dubl	11n S	charl T	Dyn	\prec	
Full Name of Contributor	<u>", </u>		Ju.		
David Slates				Registration Num	ber, it PAC
Street Address	Employe	er/Occupation/Labor O	rganization*	L	Form (Cash, Check, etc.)
9851 Archer Un		-	··		venmo lash
Dublin	State	Zip Code 43017	Date (MM/D	16/2021	882,80/w
Full Name of Contributor Andrew Brenner				Registration Numl	ber, if PAC
Street Address 102 W. Uncoln Ave	Employe	r/Occupation/Labor O	rganization*	<u> </u>	Form (Cash, Check, etc.)
Delaware	State OH	Zip Code 43015	Date (MM/Di	DMM)	Amount /OO,OO
Full Name of Contributor Chris Day				Registration Numb	per, if PAC
375 Glen Meadow Ct	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
Dublin	State 6H	Zip Code +301 7	Date (MM/DI)2021	Amount 200,00
Full Name of Contributor Inna Edsall				Registration Numb	er, if PAC
Street Address 8574 Copper View D	Employen	/Occupation/Labor On	ganization*		Form (Cash, Check, etc.) Check
	State OH	Zip Code 4301 G	Date (MM/DD	00000 15/2021	Amount 70.00
Full Name of Contributor Michael Bohland	d			Registration Number	er, if PAC
Street Address 1008 Greenland Place	e	Occupation/Labor On	janization*		Form (Cash, Check, etc.) Check
'1) () () (State H	Zip Code 43016	Date (MM/DD	7/2021	Amount 400,00

Page Total	1,752	80



Page 5

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Striker 4 Dublin	7 Sc	had B	aid		
Full Name of Contributor		.,/		Registration Numb	ber, if PAC
Brett Shaw					
Street Address	Employe	r/Occupation/Labor O	rganization*	<u> </u>	Form (Cash, Check, etc.)
10256 mackenzie Lane	_i				venmo
City Dividio	State	Zip Code	Date (MM/D		Amount QQ (C)
Dublin	of 3	43017	00/0	1/2021	98.W
Full Name of Contributor				Registration Numb	per, if PAC
Mark Ruble					•
Street Address	Employer	r/Occupation/Labor O	rganization*	<u>* </u>	Form (Cash, Check, etc.)
7914 Tartan Fields Dr	, 				18 pm
Dublin	State	Zip Code	Date (MM/D	DMM) D1/2021	Amount 98,00
	UTI	43017	00/0	16001	18.00
Full Name of Contributor				Registration Numb	
John Byrne			ļ		
Street Address	Employer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
6884 Rob Roy Or					venmo
I CRV	State	Zip Code	Date (MANA)	22224	Americal
Publin SAFOS	OH 🖪	43017	Date (MM/DI	30 /2021	Amount 98,00
Full Name of Contributor				Registration Number	er if PAC
Grea Hamrick				1 10 Block appears 1 100 the	3, II 7 AO
Street Address	Employer/	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
10745 Arrowwood Dr					venmo
City City		Zip Code	Date (MM/DE	الْمَمْمِرُ	Amount
	OH 🔟	43004	07/2	8/2021	#B.40
Full Name of Contributor	<u> </u>			Registration Number	
Mark Flesch					
Street Address	Employer/	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
Street Address 7881 Old Oak Ln					venmo
City		Zip Code	Date (MM/DD	, ,	Amount
Dublin	OH 📶	43017	07 68	3/2001	490,40

Page Total	987	7/7
raye (Utal	000	. 10



Form 31-A

ORC 3517.10

[11 A					
Full Name of Committee Striker 4 Dublin S	kha) Boarc	\preceq		
Full Name of Contributor				Registration Numb	per, if PAC
kerri Cohen					
Street Address	Employer	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
6980 Corazon Dr				-	venmo
City	State	Zip Code	Date (MM/D	DAYYY)	Amount
Dublin	OH 🖪	43016	08/0	3/2021	73.48
Full Name of Contributor				Registration Numb	er, if PAC
Darbie Everhart					
Street Address	Employer	r/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)/
i980 Corazon Dr					venmo knak
City	State	Zip Code	Date (MM/D		Amount
	Ø# -	43016	08/0	3/2021	490,40/10,000
Full Name of Contributor				Registration Number	er, if PAC
Haige De Walt			<u>.</u>		
Street Address	Employer/	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
6199 Memorial Dr					venmo
City	State	Zip Code	Date (MM/DI	1 '	Amount
	DH 3	43017	08/0	3/02/	73,48
Full Name of Contributor				Registration Number	er, if PAC
Carrie Klingel					
Street Address	Employer/	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
9892 Archer Un					venmo
City Dubic		Zip Code	Date (MM/DD		Amount
	OH =	43017	08/0	3/2021	245,15
Full Name of Contributor				Registration Number	er, if PAC
Erin Mullady Street Address 10124 Concord Rd					
Street Address	Employer/	Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
0.4			RUMD		
	I	Zip Code	Date (MM/DE		Amount
Dublin	J# 🛃	43017	103/03	>/2002/	70,00



Form 31-A

ORC 3517.10

			··			
Full Name of Committee Striker 4 Dublin School Board						
Full Name of Contributor Chuck murl;	***			Registration Numb	er, if PAC	
Street Address 9457 Avemore C+	Employer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)	
Dublin	State OH 🖃	Zip Code 43017	Date (MM/D	9000) 108/2021	Amount 34.43	
Full Name of Contributor Li Sa Kim				Registration Numb	er, if PAC	
Street Address 8125 Tartan Fields Dr	Employer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)	
Dublin	State OH	zip Code 43017	Date (MM/D	7/2021	Amount 8 45,15	
Full Name of Contributor Marily SKCKel				Registration Numb	er, if PAC	
Street Address 4984 Memphis Ct	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.) VC NMO	
city Hilliard o	State H	Zip Code 4302 (6	Date (MM/DI	5 BOZ 1	Amount 98,00	
Full Name of Contributor Michaela Grande	y			Registration Number	er, if PAC	
Street Address 6456 Green Stone Loup	Employer/	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
Dublin		Zip Code 43016	Date (MM/DI 08/0	3/2021	Amount 980.90	
Full Name of Contributor Anna Altenburg				Registration Number	or, if PAC	
Street Address 10746 Emerald Green C	1	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
City		Zip Code	Date (MM/DC	3/2021	Amount 98,00	

^{*}Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



Eorm 31.A

ORC 3517.10

		 				
Striker 4 Dublin School Board						
			Registration Numb	er, if PAC		
Lindsey Sobczak						
Employer	Occupation/Labor On	ganization*		Form (Cash, Check, etc.)		
<u> </u>				venmo		
State OH				196.10		
			Registration Numb	er, if PAC		
100)					
Employer	Occupation/Labor On	ganization*		Form (Cash, Check, etc.)		
				venmo		
State OH	Zip Code 43017		,	48. 95		
			Registration Numb	er, if PAC		
\cap						
Employer	Occupation/Labor On	ganization*		Form (Cash, Check, etc.)		
				venmo		
State	Zip Code 43017	1 i /	1	Amount 34.24		
			Registration Numb	er, if PAC		
Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
				venmo		
State				Amount		
OH	43017	08/02	3/2021	98,00		
			Registration Numb	er, if PAC		
Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
				venmo		
State H	Zip Code 43064	1 /	/	Amount 490, 40		
	Employer State CH Employer State CH Employer State CH Employer State CH State	Employer/Occupation/Labor On State Zip Code H Zip Code	Employer/Occupation/Labor Organization* State Zip Code OH OS /02 Employer/Occupation/Labor Organization* State Zip Code Date (MM/DO) State Zip Code Date (MM/DO) State Zip Code Date (MM/DO) Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYY) Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Registration Numb Registration Numb Registration Numb Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Registration Numb Registration Numb Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*		

	_
Page Total	91-710
Page Total	867.69
1	<u> </u>



50rm 31_A

ORC 3517.10

Euli Name of Committee					
Full Name of Committee Striker 4 Duk	olin	School	Bo	ard	
Full Name of Contributor			-	Registration Numb	per. if PAC
Dirk Kish					
Street Address	Employer	r/Occupation/Labor Q	rganization*		Form (Cash, Check, etc.)
9489 Riverway Run					cash
Powell	State DH	Zip Code 43065	Date (MM/D	ommi	Amount 50.00
	Y" ===	10000	01/0		
Full Name of Contributor Keith Barnes				Registration Numb	er, if PAC
Street Address	Employer	r/Occupation/Labor Or	rganization*	<u> </u>	Form (Cash, Check, etc.)
279 Clover Court	1	•			Cash
City T. Also	State	Zip Code	Date (MM/D	סאייאי)	Amount
Dublin	DH =	45017	08/3	31/2021	50.00
Full Name of Contributor		<u> </u>		Registration Numb	per, if PAC
Tracy Tinlin			·	-	
Street Address	Employer	/Occupation/Labor Or	ganization*	·	Form (Cash, Check, etc.)
9307 Brock Rd					Cash
City Olain Olk	State	Zip Code	Date (MM/DI		Amount
"Plain City	OH 🖪	43064	10/0	1/2021	100.00
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Labor On	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	er. if PAC
					o,
Street Address	Employer/	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	DMYYY)	Amount
	3				
		<u> </u>	4		l ,

Page Total	200.00



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

				11.0. 0017.70(0)
Full Name of Committee			1	
Striker 4 Dublin	School B	carc	λ	
Full Name of Contributor			Registration Numb	er, if PAC
Cheri Striker				
Street Address	Type*	Date (MM/D		Form (Cash, Check, etc.)
5317 Tara Hill Dr	Refund	07/2	2/2021	Cash
city Dublin OH	State	Zip Code	_	Amount
DWDIN OH	OH.	430	5/7	1,500,00
Full Name of Contributor			Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	D/YYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	он			
Full Name of Contributor		<u> </u>	Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	DYYYY)	Form (Cash, Check, etc.)
	Refund		· ·	
City	State	Zip Code		Amount
	ОН	•		
Full Name of Contributor		<u> </u>	Registration Numb	er, if PAC
T dig (rain is of continuated				, ·- · · · ·
Street Address	Type*	Date (MM/D	DD/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor	.	<u> </u>	Registration Numb	L per, if PAC
Street Address	Type*	Date (MM/D	DYYYY)	Form (Cash, Check, etc.)
	Refund		nyes til tit#	
City	State	Zip Code		Amount
	он			
		1		<u> </u>

Pogo Total \$	1,500,	$\overline{\omega}$
Page Total \$_	11 - 00 /	

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.



Form 31-B

R.C. 3517.10

Full Name of Committee							
Striker 4 Dublin Schoo	1 80	21	\mathbf{d}				
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Fifth Third Bank			07/28/2021	•	23,99		
Street Address	Purpose						
4280 Perimeter Dr	C	ec	KS				
City	State		Code	Ch	eck Number		
Dublin #	ОН	1	13016		Debit		
To Whom Paid		4	Date (MM/DD/YYYY)	•	Amount		
Compaign Partner			08/23/202	1	49.00		
Street Address	Purpose	,	/ _		*		
	$\mid \omega \mid$	er	site				
Online.	State	Zip	Code	Che	eck Number		
	ОН			\mathcal{T}	rebit		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
FedEX			08/31/200	1	<i>62.75</i>		
Street Address	Purpose						
5792 Frantz Rd	Pali		Cardo & M	en	netags		
City	State		Code	Che	ock Number		
Dublin	OH	4	3014		1002		
To Whom Paid			Date (MM/DD/YYY)		Amount		
Wix.com			09/07/200	1	20.94		
Street Address	Purpose			-			
	\mathcal{D}	01	nain Nan	76	2		
City	State	Zip	Code	Che	ick Number		
Online	ОН			,	Debit		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Wix.com			09/07/200	-1	73,34		
Street Address	Purpose		-: 10 1 - 1:				
	Purpose website hosting						
online	State Zip Code Check Number						
Urilline	OH			1	Jebit		

Page Total \$ 230.02



Form 31-B

R.C. 3517.10

Full Name of Committee						
Striker 4 Dublin School Board						
To Whom Paid		Date (MM/DD/YYYY)	Amount			
Signupgenius.		09/13/202	1 11.97			
Street Address	Purpose					
	Volu	nteer Signu				
online	State	Zip Code	Check Number			
Offine	OH		Debit			
To Whom Paid		Date (MM/DD/YYYY)	Amount			
Catherine Nelson		09/09/2021	40.00			
Street Address	Purpose	sting Palm	notes,			
4000 S Old 3c Hwy	Pri	nting Palm	caros			
city Calena	State	Zip Code	Check Number			
Calena	он	43021	1003			
To Whom Paid		Date (MM/DD/YYYY)	Amount			
Amazon		09/14/2021	130,65			
Street Address	Purpose	- C	N.			
	canu	assing Sup	olies			
City	State	Zip Code	Check Number			
Online	ОН		Debit			
To Whom Paid		Date (MM/DD/YYYY)	Amount			
Age Graphics		09/14/200	1 1,694.55			
Street Address	Purpose	al Sions d	Dalos Cords			
678 Collins Rd	yan	9 212112 #	Palm Cards			
City	State	Zip Code	Check Number			
Little Hocking	ОН	45742	Debit			
To Whom Paid		Date (MM/DD/YYYY)	Amount 2 1/1			
Age Graphics		09/17/200	1 993,14			
	Purpose					
G78 Collins Rd		our Hanger	<i>S</i>			
1 City	State	Zip Code	Check Number			
Little Hacking	ОН	45170	Debit			



Form 31-B

R.C. 3517.10

				-		
Full Name of Committee Striker 4 Dublin School Board						
the state of the s	, , - -					
To Whom Paid Hypermetrics LLC	,		Date (MM/DDYYYY) 09/09/2021		Amount $2,000,00$	
Street Address	Purpose	<u>.</u>	· · · · · · · · · · · · · · · · · · ·		4	
2498 Johnstown Alexandria	Socia	d	Media Adv	er	tising_	
City ,	State	Zip (Code	Che	ck Number	
Alexandria	он.	4	3001	K	005	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Anne knapke			09/09/200	ot	150,00	
Street Address	Purpose					
8010 Cliffrose Court	Ca		npaign P			
City .	State	Zip (Code		ck Number	
Plain City	он	4	13064	K	∞	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Domenic Romanelli			09/21/202	_	550,00	
Street Address	Purpose				,	
722 E Lincoln Ave	Ca		paign t			
City	State		Code	Che	ck Number	
Columbus	ОМ	4	3229	1	008	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
be Garrett			09/09/2021		100.00	
Street Address 4135 S Section Line Rd	Purpose	_ a.l	Klist	_		
11-23 3 SECTION WIRE RU						
City	State		Code	Che	ick Number	
Delaware	ОН	4	3015		1004	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Signupgenius			09/27/200	31	23,60	
Street Address	Purpose		1		-1-	
	ac	CC	sent upo	<u>ئ</u> ار	ade	
City	State	Zip	Code	Che	eck Number	
Online	он			I)ebi+	



Form 31-B

R.C. 3517.10

Striker 4 Dublin School Board						
To Whom Paid WIX.COM		Date (MM/DD/YYYY)		Amount 20,33		
Street Address	Purpose W	ebsile				
Online	State OH	Zip Code	Ch	eck Number Deloj+		
To Whom Paid WIX, COM		Date (MM/DD/YYYY)		Amount 15.83		
Street Address	Purpose MC/	chant on	line	. Store		
online	State OH	Zip Code		eck Number Debi+		
To Whom Paid Ohio Ethics Commision	\sim	Date (MM/DD/YYYY)		Amount SO, CO		
street Address 30 West Spring St. L3			clos	ure Statement		
Columbis	State O M	Zip Code 43215	1	Debi'+		
Freedom Marketing Strat	egies	Date (MM/DD/YYYY)	∂1	Amount 170,00		
Street Address 735 Hilkrest Dr	Dumana	nyl Bump				
Staint Marys	State OH	Zip Code 45885		beck Number Debi+		
To Whom Paid USPS		Date (MM/DD/YYYY)		Amount 174.00		
Street Address 715 Shawan Falls Dr	Purpose	slamps				
Dublin	State OH	Zip Code 43017	Ch	Debi+		

Page Total \$ 410.16



Form 31-E

R.C. 3517.10

Striker 4 Dublin School Board To Whom Paid Chio Republican Ctab Party Date (MM/DDYYYY) 10/12/2021 Street Address 21 S Fifth St Donation City Wumbus State OH Disc (MM/DDYYYY) 10/12/2021 State OH Check Number 10/10							
To Whom Paid			Data (MAA/DDAVVV)	Amount			
Ohio Republican Ctube Pa	erty		10/12/2021	5,ax			
Street Address	Purpose						
211 5 Fifth St	Donation						
City 1	State	Zip	Code	Check Number			
Columbus	OH.		code 43215	1010			
To Whom Paid		,	Date (MM/DD/YYYY)	Amount			
Street Address	Purpose						
A14.	Chaha	7:-	Codo	Check Number			
City	State	ΖIÞ	Code	Check Number			
	ОН			i			
To Whom Paid			Date (MM/DD/YYYY)	Amount			
Street Address							
City	State	Zip	Code	Check Number			
	ОН	•					
To Whom Paid			Date (MM/DD/YYYY)	Amount			
				<u>. 1</u>			
Street Address	Purpose						
City	State Z		Code	Check Number			
•	он						
To Whom Paid			Date (MM/DD/YYYY)	Amount			
Street Address	Purpose						
City	State	Zip	Code	Check Number			
	он						

Page Total \$ 5,000.00



	1
Page	L

In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee								
Striker 4 Dublin School Board								
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, if PAC			
Michaela Grande	chaela Grandey		:	-				
Street Address	Descripti	on of Item or S			Date (MM/DD/YYYY)	Fair Market Value		
6456 Green Stone Loop	Ving	1 Bani	ners(a) $ t$ $ l$	Labeis	09/0420H	वेवे3,25		
City	State			Received at Fundraisin	ng Event?			
Dublin 😸	10	5H 🗈	43016	☐ Yes 💆 Wo		1		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC		
Michaela Grandey			·					
Street Address	Descripti	on of item or	Service .		Date (MM/DD/YYYY)	•		
Street Address 6456 Green Stone Lag	Fo	od & B	everage			2,24083		
City State			Zip Code	Received at Fundraisi	-			
Dublin	- 1	3H 🖢	43014	☐ Yes 💆 No				
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Employer, Occupation	n, Labor Organization*	Registration Number, if PAC			
Street Address	Descript	ion of Item or	Service		Date (MM/DD/YYYY)	Fair Market Value		
City	<u> </u>	State	Zip Code	Received at Fundralsi	ng Event?			
	,			☐ Yes ☐ No				
Full Name of Contributor	i	. 523.0	Employer Occupation	n Labor Organization*	Perietration Number if PAC			
Full Name of Contributor			Employer, Cocopero	oyer, Occupation, Labor Organization* Registration Number, if PAC				
	,							
Street Address	Descript	ion of Item or	Service		Date (MM/DD/YYYY)	Fair Market Value		
City State		Zip Code	Received at Fundraising Event?					
				Yes No				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC				
			1					
Street Address Description of Item or			Service		Date (MM/DD/YYYY)	Fair Market Value		
	1							
City	' 	State	Zip Code	Received at Fundrais	ing Event?			
ľ			H	☐ Yes ☐ No				
	1							

Page Total \$	2	404,1	1
Page Total \$		11/1	<u> </u>

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



Statement of Loans Received

Earm 31.

R.C. 3517.10

Full Name of Committee	. ~								
Striker	+ 'D	nildu	School	B	card				
From Whom Received	ا: ا	100				Prior Amount		curred this Period	
	77 / 1	21	······································					(CO), (CO)	
Street Address 5317 7	Tari	a H:11	Dr.					nding Balance	
Dublin	State OH	Zip Code 43017	Loans Received This Period			Payments This Period			
Date Loan was Originally 0.7/2-2	, .	-	Date of Loan (MM/	<i>i</i>		Date of Payment (MM/D	D/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount	
Employer/Occupation/Labor Organ	ization*		Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount	
From Whom Received						Prior Amount	Amt. ir	curred this Period	
Street Address					Qutata	nding Balance			
City	State	Zip Code	Loans Received This Period			Payments This Period			
Date Loan was Originally	incurred (MM/DD/YYYY)	Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount	
Employer/Occupation/Labor Organ	ization*		Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	0 /YYY)	Amount	
* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear, [R,C, 3517,10(B)(4)] If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2), Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).									
Total Prior Amount \$									
Total Received This Period \$ 1,500,00		<u>, v</u>	(also record on Form 31-A-2)						
Total Payments Received this Period \$			<u> </u>	(also record on Form 31-B)					
Total Outstanding Balance \$ 1,500.00				(also record on Form 30-A)					